

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90061 004 ***158.75

DOCUMENT # P00000034816

1. Entity Name
KENNETH WARNER & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**BARRISTER BUILDING FIRST FLOOR
 1933 S.W. 27TH AVENUE
 MIAMI FL 33145**

**BARRISTER BUILDING FIRST FLOOR
 1933 S.W. 27TH AVENUE
 MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

2701 Le Jeune Road

2701 Le Jeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

Second Floor

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-1011807

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARNER, KENNETH
 BARRISTER BUILDING FIRST FLOOR
 1933 S.W. 27TH AVENUE
 MIAMI FL 33145**

Name

Warner, Kenneth

Street Address (P.O. Box Number is Not Acceptable)

2701 Le Jeune Road

Second Floor

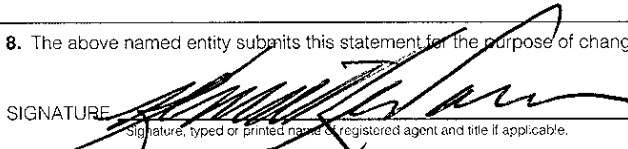
City

Coral Gables

FL

Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  **KENNETH WARNER** **April 27, 2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WARNER, KENNETH
1933 S.W. 27TH AVENUE, FIRST FLOOR
MIAMI FL 33145 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **KENNETH WARNER** **APRIL 27, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)